

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015857

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 14/3 Primary Registration District No. 4232 Registrar's No. 93

FILED MAY 9 1963

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs		c. CITY OR TOWN Willow Springs	
Length of stay in 1b Lifetime		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) 720 N. Walnut	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROSA Middle JANE Last MASNOR			4. DATE OF DEATH Month May Day 3 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/15/76	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 9 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Howell County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James T. Lovan		13b. MOTHER'S MAIDEN NAME Alzira A. Moffitt	
14. NAME OF HUSBAND OR WIFE J. Clark Masnor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Lorene Masnor, Willow Spgs., Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriolosclerosis DUE TO (b) Arteriosclerosis generalized & Cerebral DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Willow Springs, Mo.		COUNTY _____ STATE _____		21. I attended the deceased from _____ to 5/3/63 and last saw her alive on 5/2/63 Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Amos L. Coffee, M.D.		22b. ADDRESS Willow Springs, Mo.		22c. DATE SIGNED 5/4/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/5/63		23c. NAME OF CEMETERY OR CREMATORY City	
23d. LOCATION (City, town, or county) Willow Springs, Mo.		24. FUNERAL DIRECTOR Burns - Willow Springs, Mo.		25. DATE RECD. BY LOCAL REG. 5/5/63	
26. REGISTRAR'S SIGNATURE [Signature]					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 **0460**

2 **0460**

3

4 **1**

5 **2**

6

7 **0**

8 **0**

9 **446X**

10

11

12 **90-0**

13 **3-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. R. Burns

T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.